Nurse Plus and Carer Plus (UK) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 3 October 2016 and was announced. We gave the provider 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Nurse Plus and Carer Plus is a home care agency based in Newcastle under Lyme, Staffordshire. It supports people who live in their own homes in a variety of ways including providing personal care which is a regulated activity. At the time of our inspection 23 people received personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed. Staff understood and discharged their responsibilities for protecting people from abuse and avoidable harm. They advised people about how to keep safe in their homes.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. This meant that with very few exceptions home care visits were made at times that people expected.

People were supported to receive the medicines by staff who were trained in medicines management.

Care workers were supported through supervision and training. People who used the service told us told us they felt staff were very well trained and competent.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff understood the importance of people having health diets and eating and drinking. They supported people to have meals. They also supported people to access health services when they needed them.

People were involved in decisions about their care and support. They received the information they needed

about the service and about how the service could support them.

People told us they were treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the service.

The provider had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and put into practice their responsibilities for protecting people from abuse and avoidable harm.

Staff underwent a recruitment process that ensured as far as possible that only people suited to work for the service were recruited. Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were supported to take their medicines by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their meals.

Staff supported people with their health needs because they understood health and medical conditions people lived with.

Is the service caring?

Good

The service was caring.

Care workers were matched with people using the service and consequently developed caring relationships with people they supported.

People were involved in discussions about their care and support

and had a say about when care was delivered.

Care workers respected people's privacy and dignity when providing care and support.

Is the service responsive?

Good

The service was responsive.

People received care and supported that was centred on their personal individual needs.

People knew how to make a complaint if they felt they needed to.

People's feedback was acted upon.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had effective arrangements for monitoring the quality of the service.

Nurse Plus and Carer Plus (UK) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2016 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

Before we visited the office on 3 October 2016 we made telephone calls to people using the service or their relatives. We spoke with seven people who used the service. We spoke to a relative the day after our inspection visit.

On the day of our site visit we looked at five people's care plans and associated records. We looked at staff training records and schedules of their supervision meetings and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service. These included records generated by the provider's electronic system for monitoring home care visit times. We spoke with the registered manager, two care workers and a

homecare visit coordinator.

We contacted the local authority that funded some of the care of people using the service who provided us with a copy of a report of their inspection of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe when care workers provided care and support. A person told us, "I definitely feel safe because the carers are good". Other people told us that if they had concerns about their safety they'd tell their relatives. A relative of as person we were unable to speak with told us "I'm absolutely confident [person using the service] is safe because the staff are excellent". The provider carried out a satisfaction survey earlier in 2016 in which very person responding reported that they `felt comfortable and safe with the [care] workers'.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They knew how to protect people from such abuse. Their safeguarding practice included being alert to abuse by colleagues and risk of abuse from people's relatives. A care worker's attentiveness resulted in the provider alerting the local authority safeguarding team of a possible risk to a person's safety because of a relative's behaviour. This showed that care workers had a good practical understanding of protecting people from abuse or harm.

People told us they felt comfortable about raising any concerns about their safety. A person told us, "I feel safe but if I had any problems I'd ring the office".

Care workers we spoke with told us they advised people about being safe at home. For example, they advised people to have fire alarms and informed them about `telephone scams' that were known to be operating in the Newcastle under Lyme and Stoke area. A care worker told us they advised a person who had several walking sticks to place one in each room so that they had one available in each room.

People's care plans had risk assessments of activities associated with their personal care routines, for example bathing. The risk assessments were detailed and included information for care workers how to support people safely and protect them from harm or injury. Care workers told us they read care plans and risks assessment and found them to be helpful. A care worker told us, "I always read the care plan and risk assessments because they tell me how to support people safely". Risk assessments of people's home environment were carried out and people were advised how to make their home safer. For example, they were told about trip hazards which, with a person's consent, were made safer.

The provider had procedures for staff to report incidents and accidents that occurred or were in connection with home care visits. Staff were aware of those procedures. Reports that staff made were reviewed and investigated by the registered manager who took action to reduce the risk of similar incidents happening again. For example, reviewing and updating risk assessments or providing additional training for staff.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. An indicator of this was that people mostly experienced home care visits at times they expected. The service used an electronic `log-in system' which

monitored care workers arrival and departure times for home care visits. We looked at records for a three month period ending 30 September 2016 and found that 97% of calls were within 30 minutes of the agreed time. The log-in system generated alerts in the office if a care worker had not arrived within 15 minutes of an agreed time. An alert prompted staff to telephone a person to advise them a care worker was running late. People told us that they were informed if a care worker was running late. A person told us, "Yes they are sometimes five minutes or so late. If they are going to be any longer they let me know". Office staff made telephone calls to reassure people and to help them feel safe in the knowledge that a care worker was on their way.

The provider operated recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was assessed through review of their job application form then when they were interviewed by the registered manager and a senior care worker. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. A care worker we spoke with told us they felt their suitability had been robustly assessed. They told us, "I felt I was being tested". The provider was accredited with a nationally recognised organisation that advices businesses about recruitment procedures. People using the service could be confident that the provider took great care in deciding who they employed.

Most people using the service did not require support with their medicines other than to be prompted or reminded to take their medicines. A relative of a person who required support with talking their medicines told us, "The care workers take meticulous care with the medicines". However, In June 2016 there were three occasions when care workers did not prompt people to take their medicines. Each time the omission was identified at the next home care visit and staff sought advice either from NHS 111 or the person's GP. None of the people came to harm and the staff responsible were suspended from supporting people who required support with their medicines and retrained in medicines management. This showed that whilst errors were made they were quickly identified and appropriate steps were taken to prevent similar errors happening again.

Good

Is the service effective?

Our findings

People using the service told us they felt that they felt care workers were well trained. Comments from people included "The carers are very good, they know what they are doing"; "The carers are great I have no complaints about them at all" and "I would say they are very well trained.

The provider had a staff training and development plan which ensured that all staff were trained to enable them to support people using the service. For new staff this began with a structured four day induction. Each day new staff had to work through a training work book with practical exercises and tests. These were evaluated by the registered manager who assessed whether staff had met the required standard and displayed the competencies required for their role. Subjects covered included health and safety, fire awareness, safeguarding, equality and diversity, the Mental Capacity Act 2005, moving and handling, medicines management and conditions that people using the service lived with. Training then progressed to staff `shadowing' an experienced care worker and watching them before participating in care routines, then being observed whilst supporting people. Staff were not allowed to support people unsupervised until they had been assessed as competent to do so. Care workers we spoke with told us they found the training to have been very helpful. One said, "The training is good. It is intense and in-depth". Another told us, "The training was really good. It made me feel confident and prepared me for my role". In the recent staff survey, three staff feedback that a reason they joined the service the quality of the training that was available.

Alongside the induction training, new staff were supported to achieve the national Care Certificate. This was launched in April 2015 and is a benchmark or the skills people require to be effective care workers. The provider introduced the Care Certificate in April 2016 and all new staff were being supported to achieve it.

Class room training took place in a well-equipped training room. The room had a hospital bed which most people using the service had at home and a hoist and other moving and handling equipment. Moving and handing training helped care workers experience what it felt like to be transferred from bed to chair and vice-versa by hoist. Training included helping care workers to experience what it felt like to have sensory loss, for example reduced sight or hearing. Other training included understanding conditions people using the service lived with, for example epilepsy and using specialised equipment. A relative of a person using the service told us, "The staff have been extremely well trained. The carers that visit have been outstanding, I can't commend them enough. It's made a massive difference to [person using the service]".

The registered manager carried out `field supervisions' to check that care workers put their training into practice and continued to show they had the competencies to support people with their needs. Staff were also supported through one-to-one supervision meetings where they discussed their performance and training needs and an annual appraisal. Care workers we spoke with felt well supported. One told us, "My supervision meetings have been very helpful, it is working well for me". Another told us, "I have supervisions every three months. They are really helpful. I get feedback about how I am doing and we discuss training". Care workers were kept informed about developments at the service through newsletters and staff meetings. In a staff survey staff reported that they felt well supported to be able to carry out their role.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. Care workers we spoke with had a good understanding of the MCA and its importance. They understood that they could provide care and support to a person using the service only with their consent and that people should be given information in a way that supported them to make an informed decision. A care worker gave an example of a person who sometimes made decisions that were unwise; they understood that the person's decisions had to be respected. All the care plans we looked at contained assessments of a person's mental capacity to make a variety of decisions connected to their care and support. At the time of the inspection the registered manager was in the process of distributing a pocket sized aid-memoire about the MCA to all staff.

Staff supported people to eat and drink by reminding them and either assisting people to make their own meals, making meals for them or warming up meals that relatives had made. All staff had received training in food hygiene and preparation. Care workers knew what food people liked and they made meals or snacks that people wanted. Where a person required physical and practical support with eating and drinking they received it. A relative told us, "The carers provide meticulous support with this aspect of care".

People were supported to access health services when they needed to, for example when they health care appointments. Care workers were attentive to people's health needs. We saw evidence in care records that care workers found people to be unwell during home care visits they telephoned NHS 111 or the person's GP or district nurse. Those records showed that care workers acted on the advice they received from health professionals.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. A person told us, "They [care workers] are lovely very caring and kind". The provider's most recent satisfaction survey in which nine people participated found that all respondents said that staff were polite and treated them with dignity and respect". Seven people added comments to the survey about the caring nature of care workers. These included, `Nothing is too much trouble, [care worker] does everything willingly in a happy, polite manner'; `The carers who visit us are always cheery, polite and friendly' and `I am treated with dignity and respect at all times'.

The registered manager set out to show that people using the service mattered to them by identifying what was important to people and meeting their preferences. They did this by planning to ensure that people were supported by the same care workers as often as possible so that they and people could develop caring relationships. The registered manager and care coordinator `matched' care worker's profiles with those of people using the service. This matching took full account of people's preferences about the gender of care worker, care worker's competences and people's needs. A relative of a person using the service told us, "It's massively important to us that we get the same carers". The provider's most recent satisfaction survey results showed that every person who participated in the survey was satisfied with this aspect of the service because it ensured a continuity of care. Records showed that most people using the service were supported by a core team of care workers. This showed that the provider had delivered on something that mattered t people using the service.

Care workers we spoke with told us they regularly supported the same people. They told us it was important to them. One told us, "I have regulars who I support. It makes such a difference because we get to know the people and they get to know us". Another told us, "I've had regular people to support from the beginning. It means we get to know what they like and what matters to them".

The kindness that care workers showed to people included relieving people's distress. A relative included the comment in their response to a survey, `If we are feeling down [care worker] remains cheerful and picks us up again. She is lovely company and a pleasure to be with'. In all, six care workers were singled out for praise by people using the service and relatives although people also said that all care workers were kind and caring.

People using the service were involved in decisions about how their care and support was delivered. Most people had seen their care plan. A person told us, "I have a care plan. I was involved in it" and another person told us, "I've got a care plan and I've talked about it with the carers". Their preferences about the times care workers made home care visits were respected. People told us they'd been given information about the service. A person told us, "They gave me lots of information". A person told us they received information about which care workers were going to visit them. They told is, "I get a list so I know who is coming". Most people told us they were advised about a change in the care worker who was going to visit. This meant people were prepared about who would be coming to their home. People using the service were given a `service user guide' that included information about the service, what support it could provide. It

also included information about independent advocacy services and organisations they could contact if they had any concerns. The provider had a policy for involving people. It stated the provider was `committed to service user involvement because it builds on our ethos of personalisation'.

The provider promoted dignity and respect through policies, staff training and supervision. All people who participated in the provider's most recent satisfaction reported that they were treated with dignity and respect. People we spoke with confirmed that. A person told us, "The carers are very respectful when they speak to me". Another told us, "They asked me if it was alright to call me by my first name and I liked that". A relative had sent a thank you card which said, `All of you treated [person using the service] with great dignity and have always been kind". Care workers we spoke with told us that in their training they were taught how to support people with dignity and respect during care routines. For example, a care worker told us, "When I support someone with personal care I first close curtains and doors. I use a towel to protect a person's modesty. If visitors are present I ask them to go to another room or I take the person to another room". This showed that care workers respected people's privacy as well as dignity.

The service did other things to show that people using the service mattered to them. The registered manager sent birthday cards to people using the service and condolence cards to relatives of people who became deceased.

The registered manager was planning to build on the compassionate and caring nature of the service by supporting a number of care workers to be `dignity champions'. Dignity champions are staff who receive additional training to support them to influence and support colleagues to put their dignity training into practice.

Good

Is the service responsive?

Our findings

People we spoke with told us that were satisfied with the quality of care they experienced. Comments from people included, "The carers do everything I need" and "They stay as long as they should and do everything I ask them".

One relative told us the quality of care provided made a significant impact on a person's quality of life. They told us, "The quality of care had made massive difference to [person's] life". They explained that this was due to the exceptional skills of the care workers who supported the person. Those skills included excellent communication skills which care workers used to find out what the person wanted to do in terms of activities and where they wanted to go. Care workers supported the person to enjoy an interest and hobby which involved taking the person a considerable distance from home.

The registered manager visited people before they began to use the service in order to assess their needs. People contributed to those assessments of their needs and decisions about how they to be supported. People's most important and most commonly expressed needs were that the same care workers came and that they came at times they wanted. We found that that the provider's planning of home care visits meant those two needs were met most of the time.

When planning the delivery of care, the registered manager and care coordinator recognised when people required support from care workers with particular skills and abilities. They carefully `matched' care workers with people to ensure that people were supported by care workers who would naturally empathise with people. For example, the registered manager identified care workers with the right personalities and skills to support a particular person. The person's relative acknowledged that to have been a great success. They told us, "The carers we've had have the right skills which is so important". Other care workers were matched with people because of their language skills and knowledge and experience of people's cultural needs. This showed how the provider sought to provide care that was person centred.
Care workers we spoke with told us they developed an understanding of people's needs and preferences from reading their care plans and from getting to know people by regularly supporting them. They told us they found people's care plans to be informative and easy to follow. People we spoke with told us the care and support they received was in line with their care plan. A person told us, "The cares are good at supporting me, for example when I have a shower".

People using the service told us that care workers stayed with them for the required period of time. This was consistent with what people reported through the provider's most recent satisfaction survey. The provider used a `log-in' system which meant they could monitor when care workers arrived at a person's home and how long they stayed. The results of the monitoring showed that care workers did stay with people for the required period of time.

Care workers made records of their visits at the end of each visit. We looked at five people's notes. We found that the notes were informative because they recorded how people had been supported with the care routines in their care plans. The notes provided assurance that care workers supported people in line with

their care plans.

People's care plans were reviewed every three month by the registered manager or care coordinator a senior care worker. The care plans were reviewed with the involvement of people using the service and relatives. Two people we spoke with recalled having a review, they told us "Yes, I had one and I signed it" and "Yes, we talked about [their care and support] and I signed it". We saw from care plans we looked at that people had reviews of their care plans.
People using the service were provided with a `service user guide' that included information about how to make a complaint and which organisations they could contact if they were not satisfied with the care and support they received. The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. We saw that complaints were investigated by the registered manager and that they had taken action as a result. For example, reasons why a person had not received a home care visits on three occasions in January 2016 where identified and steps were taken to prevent that happening again. The registered manager listened to people's concerns and acted upon them. For example, a care worker was removed from a team of care workers supporting a person after a person requested that.

Good

Is the service well-led?

Our findings

People using the service and staff told us the service was well led. A person using the service told us, "I would certainly recommend them to other people".

People`s needs were very well known to the registered manager and the team that organised home care visit rotas for care workers. They were involved in the assessment of every person's needs before they began to use the service. This meant that people using the service could have confidence their needs would be met.

The provider vision and objectives for the service were set out in their Statement of Purpose which was available to all staff. Care workers had written job descriptions which included a clear statement about the purpose of their role. This was that they `provide personal care and support to service users, as part of a planned package of care, promoting independence and enabling them to remain in their own home'. Care workers we spoke with described their role in terms that were fully compatible with their job description and Statement of Purpose.

The provider had an open and transparent culture. This was communicated to people using the service through the service user guide they were given. It was communicated to staff through policies and procedures, training, supervision, staff meetings and newsletters. A care worker told us they joined the service because they liked the organisations values. They added, "I'd read reviews of the service and liked them". Care workers told us they felt confident about raising any concerns they had about the service either with the registered manager or head office or with external organisations such as the Care Quality Commission.

Care workers told us they received helpful and constructive feedback from the registered manager about their performance and that they were supported through training opportunities. One told us, "We get supportive feedback on what we can improve on".

The provider had a clear sense of what they wanted to improve and how. We saw this from their Provider Information Return and from speaking with the registered manager. For example, the Care Certificate was successfully introduced in April 2016 to improve the training new staff received. Some staff were being supported to be `dignity champions'. The provider was looking into ways the service could become an active partner with other services in the local community.

People using the service and their relatives were confident they could raise any concerns. They told us that when they had contacted the office staff had been helpful; Comments included, "They were very obliging when I rang the office" and "They are very helpful".

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and staff and a variety of audits. People's views were sought at reviews of their care plans and during visits the registered manager made to people's homes to observe

the care provided by care workers. Those visits were used to monitor that care workers practised the provider's values and standards especially with regard to respecting people and treating them with dignity. The registered manager checked care workers records of home care visits to monitor whether they provided care in line with people's care plans. Our review of care worker's records provided assurance that people received the care and support they required.

Other monitoring and quality assurance activity included audits of care plans and care records, monitoring of punctuality and duration of home care visits and evaluation of staff training and monitoring of care worker's practice. The results of audits were consistently positive. Those audits were verified by three monthly audits carried out be a senior person from the provider's head office. The head office audits were very comprehensive. They focused on the detail and quality of people's care plans, the quality of support staff received and how people's feedback about the service was acted upon. The results of audits were shared with staff. The registered manager told us that they had a "huge amount of support from head office". This showed there was strong and supportive connection between the provider's head office and the service.

The registered manager understood their legal responsibilities including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.